

FORM **548** (REV. 01-2008)

NAME			SOCIAL SECURITY NU	JMBER		
ADDRESS		CITY		STATE	ZIP CODE	
of Revenue, Taxation	e to obtain a Form W-2 from my on Division . The amounts shown withheld, Missouri state incorp.	wn below are my be	st estimates of the gro	oss wages paid to	me and the	
IAME OF BUSINESS			NAME OF OWNER	NAME OF OWNER		
BUSINESS ADDRESS		CITY		STATE	ZIP CODE	
GROSS WAGES	FED. INCOME TAX WITHHELD	MO. STATE IN	COME TAX WITHHELD	F.I.C.A. EMPLOY	EE TAX WITHHELD	